

## **MEDICAL BENEFITS FOR FAMILY MEMBERS**

Under certain circumstances Reservists and their families are entitled to the same medical care under the Military Health Care System as the families of active duty members. These circumstances are:

- The Reserve component member is ordered to or extended on active duty for more than 30 days. Eligibility begins the day the member commences or is extended on active duty.
- The Reserve component member medically retired due to a service-connected injury or disease incurred or aggravated while on active duty.
- The Reservist has completed 20 years of qualifying service, reached age 60 and started to draw retired pay. The Reservist in this category and eligible family members are entitled to medical benefits until the Reservist reaches age 65 when they are eligible for Medicare.
- The Reservist died on active duty or as a result of a condition incurred or aggravated while on active duty.

### **Who is eligible?**

A legal dependent of a Reserve component member in one of the circumstances listed above who is registered in the Defense Enrollment Eligibility Systems (DEERS) is eligible to receive medical treatment in the Military Health Care System. A legal dependent is defined in section 1072 of title 10, United States Code.

- Spouse and unmarried children under 21.
- Older children with severe physical or mental handicaps are also entitled.
- Children not yet 23 years old who are full time students at an accredited college and must depend on the military parent for more than half of their support.

The family member must be enrolled in the Defense Enrollment Eligibility Reporting System (DEERS). This is done when the family member is issued an Identification Card.

### **How does it work?**

Eligible family members may be treated on a space available basis at any Military Medical Treatment Facility (MTF).

This availability is often very limited, therefore a desirable option is Tricare.

Tricare is the Military Health Care System. It is similar to civilian Health Maintenance Organizations. It is organized by regions, and each region is run by a lead agent, normally a Commander of a Military Health Care Facility. Each region is composed of military and civilian companies to help provide care. Tricare offers three plans: Prime, Standard, and Extra



Here is a brief description of each option:

### **Tricare Prime:**

- Enrollment is required
- Sponsor must have active duty orders for more than 178 days to be eligible
- Patients receive care through a Primary Care Manager, who treats them or refers them to specialty care
- Uses military facility and or civilian network
- No enrollment fees for active duty families
- Annual enrollment fee for retirees, family members and survivors
- No deductibles or claim forms for patients

### **Tricare Standard:**

- No enrollment required
- No Primary Care Manager
- Patient may seek care from civilian sources
- Deductibles and copayments
- Widest choices of providers
- Most expensive care

### **Tricare Extra:**

- No enrollment required
- No Primary Primary Care Manager
- Deductibles and copayments

## **MEDICAL BENEFITS FOR FAMILY MEMBERS (CONTINUED)**

- Provider choice limited to contracted network
- Care may be sought from MTF on space available basis

To expedite access to MTF care, eligible family members should provide their military ID card and a copy of their sponsor's orders when attending an appointment.

When the Guard or Reserve family is covered by a civilian or employer health plan, TRICARE is the second payer.

Information on the three TRICARE options (Prime, Extra and Standard) is available from the Health Benefits Advisor (or ombudsman) at any MTF. Additionally, all TRICARE regions have toll-free information lines. These numbers can be accessed from the Health Affairs web page: [www.tricare.osd.mil](http://www.tricare.osd.mil) or you may reach them as indicated below:



### **TRICARE REGION**

Northeast 1-888-999-5195

Northwest 1-800-404-0110

Southeast 1-800-444-5445

Central States 1-888-874-9378

Heartland 1-800-941-4501

Southwest 1-800-406-2832

Gulf South 1-800-444-5445

Mid-Atlantic 1-800-931-9501

Northern Calif./Golden Gate/So. Calif./Hawaii/Alaska  
1-800-242-6788

Pacific/Puerto Rico/Latin America/Canada/Europe  
1-888-777-8343

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## **DENTAL BENEFITS**

### **Entitlement**

Although the family members of a service member who is on active duty for a period of more than 30 days are entitled to dental care in facilities of the uniformed services, care is subject to the availability of space and facilities and the capabilities of the dental staff. Unfortunately, resources are extremely limited in most military dental treatment facilities and it is unlikely that dependents will be able to receive dental care at these facilities. Additionally, there is no entitlement to dependent dental care in a military dental treatment facility when the service member is on active duty for 30 days or less, is performing inactive duty training or is not on active duty. However, there is a dental insurance program that is available to military families which will make dental care more affordable.

### **Dental Insurance Program**

The Department of Defense (DoD) sponsors a voluntary dental insurance program for eligible dependents as an alternative to dental care in a military dental treatment facility. The monthly premiums, covered services and the amount of co-payments for treatment are specified under the particular plan.

- Prior to February 2001 a two year enrollment period is required. With the implementation of the new TRICARE Dental Plan (TDP) in February 2001, the enrollment period is reduced to one year.
- Enrollment can be for the member only, family only or both the member and the family. Depending on the status of the member, enrollment may be under a cost sharing plan with the government or a full premium plan with no government cost sharing.
- The government pays the majority of the monthly premium. Enrollment in the premium sharing plan requires that the service member is on active duty for more than 30 days and has a remaining service commitment to satisfy the minimum enrollment period requirement at the time of enrollment. Under the new TDP this service commitment can be fulfilled with active duty, reserve service, or a combination of the two.
- Effective February 2001, enrollment in this plan is available for dependents of a member of the Selected Reserve or

Individual Ready Reserve when the Guardsman or Reservist is not on active duty for more than 30 days. The government does not share in the premium payments. These payments are the responsibility of the service member. Also, the service member must have a one year service commitment in order to enroll his/her dependents in this plan.

#### **DENTAL BENEFITS (CONTINUED)**

- **Covered Services:** Regardless of the plan under which the dependents are enrolled, the services provided are the same. The type of treatment determines the cost share amounts.

- 1) Diagnostic, preventive and emergency services (0 percent cost-share);
- 2) Sealants and basic restorative services (20 percent cost-share);
- 3) \*Orthodontic services, crowns, complete or partial dentures, oral surgery, general anesthesia and more (30, 40, or 50 percent cost sharing depending on the particular service).



\*(Note the cost-sharing for members below the paygrade of E-5 is lower for some of these services)

- **Dental Providers:** The insurance carrier has agreements with many licensed dentists and hygienists throughout the United States, as well as many locations outside the United States. This provider network offers the most cost-effective means of obtaining dental care. An enrollee has the option of seeking care at any licensed dentist, however the member may incur additional fees.

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## **Civilian Employer Dental Plan**

You may maintain coverage under both your civilian employer provided dental benefit plan as well as the DoD dental insurance plan. For more information, see the subsection that discusses health care in the civilian job protection section.

### **Additional Information**

Please consult your Health Benefits Advisor for further details or you may find more information about TRICARE, Dental Programs, and benefits for Guard and Reserve members on the TRICARE web site:

<http://www.tricare.osd.mil/tricare/beneficiary/hptriben.html>

## **COMMISSARY, EXCHANGE, AND MORALE, WELFARE AND RECREATION (MWR) BENEFITS**

### **Commissary**

Commissaries are supermarkets usually located on military installations. The commissary sells food, sundry and cleaning products for cost plus a 5% surcharge. Guard and Reserve members who have earned a qualifying year towards retirement (50 retirement points) are issued a Commissary Privilege Card (CPC/DD Form 2529) valid for up to 24 commissary shopping days per calendar year. Commissary shopping privileges are also authorized during any period of active duty on a daily basis commensurate with orders to active duty. A military spouse or other authorized dependent unaccompanied by the service member may use the commissary shopping benefit with proper military ID, CPC or active duty orders.

### **Exchange**

Post exchanges, base exchanges, Army and Air Force exchange service, Navy exchanges, Marine Corps exchanges, and shoppettes are all examples of military exchange stores. The exchange is the military department and drug store.

Guard and Reserve personnel and their dependents have unlimited shopping privileges at any exchange. Remember that a military ID is required.